FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	_		711011									
		(See instructio	ns)					Offic	e use only			
1. NAME OF COMMITTEE (i	n full)	(Check if name is changed)	Exampl over the	e: If typying, ty lines	уре	12FE	4M5	1 1				
Committee for	or a Livable Future) 				1 1			1 1 1			
	<u> </u>	<u> </u>		<u> </u>	111				1 1 1			
ADDRESS (number an	d street)	SW Washington	#470 				ш	ш				
(Check if add	dress						ш	ш			ш	
is changed)	Port	land 			Ш	OR		Ш	97205	<u>-</u> L	ш	Ш
COMMITTEE'S E-M	All ADDDESS		CITY▲			STATE	•		ZIP	CODE	•	
stanm@c-esy												
	, , , , , , , , , , , , , , , , , , , ,						Щ	ш				Щ.
				ш	ш		Щ	ш	ш			
COMMITTEE'S WEI	B PAGE ADDRESS (U	JRL)										
www.livpac.	com 				ш		ш	ш	ш			لــــــــــــــــــــــــــــــــــــــ
		11111	1111			11			1 1 1		ш	Ш
COMMITTEE'S FAX NUMBER 5032950670 2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												
3. FEC IDENTIFICATION NUMBER C C00323352												
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)												
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete												
Type or Print Name of Treasurer Julia Pomeroy												
Signature of Treasure	er Electronically File	ed by Julia Pom	ieroy			Date	^M 0 8	M /	02	/ Y	2 0	0 6°
NOTE: Submission of	false, erroneous, or incor	nplete information ma							f 2 U.S.C.	. S437g	J.	
Office Use Only			Fe To	r further infor deral Election (Il Free 800-424 cal 202-694-11	Commissi 4-9530			İ	FEC F			

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)	andidate					
	Name of Candidate						
	Candidate Office House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		emocratic, oublican,etc.) Party.					
	(e) This committee is a separate segregated fund						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party					
6.	Name of Any Connected Organization or Affiliated Committee						
	Blumenauer Century Fund						
	PO Box 1386 Mailing Address						
		ZIP CODE A					
		••• 					
	Relationship Joint fundraising committee						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	on					
	Membership Organization Trade Association Cooperative						

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W	/rite or Type Committee Name			
	Committee for a Livable Fu	ture		
7.	Custodian of Records: Identify possession of Committee boo	by name, address, (phone number - ks and records.	optional), and position of the	ne person in
	Full Name Stan Matth	ews		
	Mailing Address	921 SW Washington Suite	810	
		Portland	OR	97205
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	custodian of re	ecords	Telephone number 503	
	Full Name of Treasurer Mailing Address Julia Pome	eroy 921 SW Washington Suite	810	
		Portland	OR	97205 _
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE ▲
			Telephone number	
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A
			Telephone number	

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 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, re safety deposit boxes or maintains funds. Name of Bank, Depository, etc. 				
	Key Bar	nk 444 SW Fifth Ave		
		Portland OR 9720)4] _ [
		CITY △ STATE △ ZIP	CODE A	

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Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository	intains funds.	ther depositories in which the committe		accounts, rents ADDITIONAL]
Mailing Address				
		CITY 🛆	STATE △	ZIP CODE 🛆
Name of Any Connected	d Organization or Affiliate	d Committee		
Name of Any Connected	2 Organization of Anniate	u oommittee	[ADDITIONAL]
Good Government w	ithout Delay			
	1 222 NE OTH AV			
Mailing Address	232 NE 9TH AV	ENVE		
	Portland		OR	97232
		CITYA	STATE A	ZIP CODE A
Relationship Joi	nt fundraising			
Type of Connected Organ	ization:			
Corporation	Ш	Corporation w/o Capital Stock	Labor Org	anization
Membership Org	anization	Trade Association	Cooperativ	/e

Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			_
Title or Position ♥	CITY A	STATE ≜	ZIP CODE A
		elephone number	